

**UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT**

**CONFIDENTIAL JOINT REQUEST TO ENTER  
APPELLATE MEDIATION PROGRAM**

\_\_\_\_\_ v. \_\_\_\_\_

no. \_\_\_\_\_

We would like the above case considered for entry into the Appellate Mediation Program (counsel for all parties must sign).

\_\_\_\_\_  
Signature of counsel for:

\_\_\_Appellant/Petitioner \_\_\_Cross-Appellant  
\_\_\_Appellee/Respondent \_\_\_Intervenor

Name of party represented: \_\_\_\_\_

Law firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_  
Signature of counsel for:

\_\_\_Appellant/Petitioner \_\_\_Cross-Appellant  
\_\_\_Appellee/Respondent \_\_\_Intervenor

Name of party represented: \_\_\_\_\_

Law Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

This joint mediation request must be submitted to the Circuit Mediation Officer.

Please send completed form to:

Edward W. Hosken, Jr., Circuit Mediation Officer  
U.S. Court of Appeals for the Federal Circuit  
717 Madison Place, N.W.  
Washington , D.C. 20439